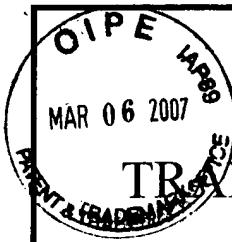


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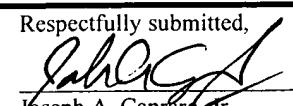


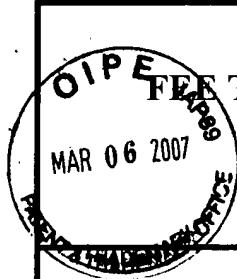
# TRANSMITTAL FORM

Application Number	10/040,911
Filing Date	October 26, 2001
First Named Inventor	Ray Berg
Group Art Unit	3626
Examiner Name	Rachel L. Porter
Attorney Docket No.	AIG-007 (10251/052)
Patent No.	N/A
Issue Date	N/A

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction
<input checked="" type="checkbox"/> Amendment and Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899		Respectfully submitted,  Joseph A. Capraro, Jr. Attorney for the Applicants Proskauer Rose LLP One International Place Boston, MA 02110-2600	


**FEE TRANSMITTAL**  
**FY 2007**

Complete if Known	
Application No.	10/040,911
Docket No.	AIG-007 (10251/052)
Filing Date	October 26, 2001
First Named Inventor	Ray Berg
Group No.	3626
Examiner Name	Rachel L. Porter
Confirmation No.	8908

**METHOD OF PAYMENT**

Payment Enclosed:  
 Check  Money Order  Other

The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081.

Required Fees (copy of this sheet enclosed).  
 Additional fee required under 37 CFR 1.16 and 1.17.  
 Overpayment Credit.

Applicant claims small entity status. (deduct 50%)

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

*Small Entity Discount***1. TOTAL****0****2. EXCESS CLAIM FEES**

Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200 100
Total Claims	Extra Claims

- 20 or HP = \_\_\_\_\_ x \$ \_\_\_\_\_ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \$ \_\_\_\_\_ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	

**2. TOTAL:** **0**

**3. APPLICATION SIZE FEE**

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
		round up to a whole number	x	= 0.00
-100= 0 /50=				

**3. TOTAL:** **0**

**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Patent Administrator  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110  
 Tel. No.: (617) 526-9600  
 Fax No.: (617) 526-9899

**FEE CALCULATION (continued)****4. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee (\$)	Fee (\$)		
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 <sup>st</sup> mo.	120.00
450	225	Extension for reply within 2 <sup>nd</sup> mo.	
1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	
1,590	795	Extension for reply within 4 <sup>th</sup> mo.	
2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
Other fee (Specify)			
Other fee (Specify)			

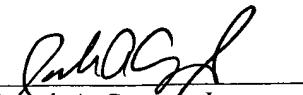
**4. TOTAL:** **120.00**

**TOTAL AMOUNT SUBMITTED**

**(\$ 120.00)**

**SIGNATURE BLOCK**

Respectfully submitted,

  
 Joseph A. Capraro, Jr.  
 Attorney for the Applicants  
 Proskauer Rose LLP  
 One International Place  
 Boston, MA 02110-2600



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants : Berg et al. Conf. No. : 8908  
Serial No. : 10/040,911 Art Unit : 3626  
Filed : October 26, 2001 Examiner : Rachel L. Porter  
Title : IDENTITY INSURANCE TRANSACTION METHOD

**AMENDMENT AND RESPONSE**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir or Madam:

This is a response to the Office Action mailed from the U.S. Patent and Trademark Office on November 6, 2006 in the above-identified application.

The Commissioner is hereby authorized to charge the fee for a one-month extension of time to Attorney's Deposit Account No. 50-3081. If additional fees are due, the Commissioner is hereby authorized to charge all such fees to Attorney's Deposit Account No. 50-3081.

Applicants amend the application as follows:

- **Amendments to the claims** begin on Page 2;
- **Remarks** begin on Page 7.

03/08/2007 RMEBRAHT 00000040 503081 10040911  
01 FC:1251 120.00 DA